PERFORMANCE MONITORING PLAN

Prepared by Task Order 1

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Introduction

PMP Guidance (IQC version)

The USAID | Health Policy Initiative (HPI) indefinite quantity contract (IQC) is the Bureau for Global Health's flagship health policy program. The initiative's overarching activity objective (AO) is to foster an *improved enabling environment for health, especially family planning/reproductive health (FP/RH), HIV/AIDS, and maternal health*. As shown in Figure 1, the AO is supported by five IRs, including

(1) *Policies that improve equitable and affordable access to high-quality services and information adopted and put into practice*

(2) *Public sector and civil society champions strengthened and supported to assume leadership in the policy process*

(3) *Health sector resources (public, private, nongovernmental organizations and community-based organizations) increased and allocated more effectively and equitably*

(4) *Strengthened multisectoral engagement and host-country coordination in the design, implementation, and financing of health programs*

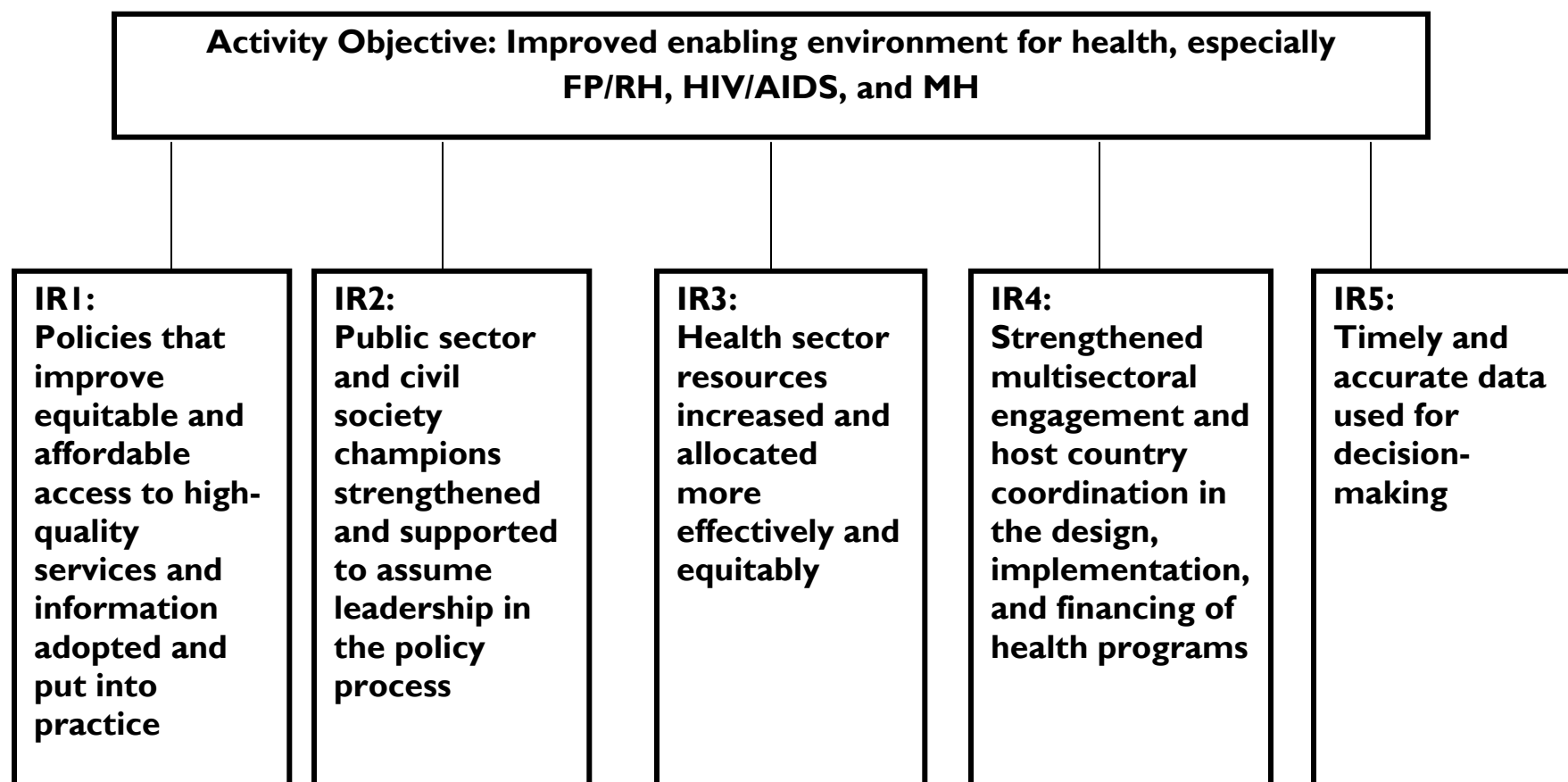(5) *Timely and accurate data used for evidence-based decisionmaking*

Performance monitoring for the HPI IQC will occur at two levels. The Global Health Bureau will monitor progress toward the AO and IRs of Task Order 1 (TO1) for the IQC, as well as for any other task orders it issues under the IQC. Missions that award task order contracts under the IQC will monitor the results of these task orders through their own monitoring mechanisms.

Each country program that is part of the IQC will include the relevant portions of the HPI results framework as part of its workplan. The Performance Monitoring Plan (PMP) presented in this document coincides with the HPI Results Framework. USAID Missions typically have their own strategic frameworks, and theHPI country results framework should also be linked to those frameworks.** All task orders under the IQC must include two to five indicators from the PMP. It is possible to use more than two to five indicators, but not fewer. Typically, the number of indicators used will depend on the scope of the task order and the amount of financial resources allocated. Task orders may elect to report on additional indicators, either in the PMP or of the country program's own choosing, but a minimum of two to five from the HPI PMP is required.

** Country programs receiving funds from the President's Emergency Plan for AIDS Relief (PEPFAR) must ensure that HPI activities are mapped to both PEPFAR and HPI indicators. The PMP shows how the main policy-related PEPFAR indicators link to HPI indicators; however, additional PEPFAR indicators may be used depending on the scope of work and funding directive.

Figure 1. HPI Results Framework Diagram

Activity Objective: Improved enabling environment for health, especially FP/RH, HIV/AIDS, and MH

IR1: Policies that improve equitable and affordable access to high-quality services and information adopted and put into practice	IR2: Public sector and civil society champions strengthened and supported to assume leadership in the policy process	IR3: Health sector resources increased and allocated more effectively and equitably	IR4: Strengthened multisectoral engagement and host country coordination in the design, implementation, and financing of health programs	IR5: Timely and accurate data used for decision-making

Task orders will be required to report results every six-months as part of the semi-annual and annual report processes. All results should be adequately documented: country programs are responsible for collecting information to substantiate achievement of results. Some of the data collection tools to be used as data sources to substantiate achievement of results will be produced by Task Order 1 of the IQC. Other data sources include official policy documents produced as an outgrowth of HPI's assistance; letters of submission and/or approval, such as government decrees, official government announcements, signature sheets; budget information; membership rosters; or other data sources. Several standardized data collection tools are available on the HPI website[1] to help document results, such as

- Policy Environment Score
- AIDS Program Effort Index
- Maternal and Neonatal Health Program Effort Index
- Policy Implementation Questionnaire (forthcoming)
- Tool for Assessing Strengths of Policy Champions (forthcoming)
- Advocacy Network Questionnaire
- Network Assessment Checklist (forthcoming)

Additional tools will be added as they become available. Performance monitoring tools produced by other organizations may also be used as appropriate, for example, the UNAIDS National Composite Policy Index.

The following pages contain the summary version of the HPI PMP, followed by the detailed documentation of the PMP, whci includes definitions of indicators, illustrative data sources, and examples of results. During the second year of the project, TO1 will review the indicators in the PMP and the accompanying documentation to see whether minor modifications are needed to improve the clarity of the indicators or other aspects of the PMP documentation.

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[1] See healthpolicyinitiative.com

Summary:
Performance Monitoring Plan
Results, Indicators, and Data Sources

Performance Monitoring Plan/Summary
9/30/06

Results	Indicators	Illustrative Data Sources
Activity Objective (AO): Improved enabling environment for health, particularly FP/RH, HIV/AIDS, and maternal health[2]	A0.1 # of countries that show an improvement in the policy environment using a documented instrument	• Policy Environment Score, AIDS Program Effort Index, Maternal and Neonatal Program Effort Index, UNAIDS National Composite Policy Index conducted as baseline and at least 2 years later • UNGASS national indicators • Copies of other instruments and pre- and post-tests
	A0.2 # of instances of policies implemented, resources allocated, *and* evidence of resources used in relation to the same policy	• Can refer to data sources used to document related IR1 and IR3 results • % of allocated budget spent • Budgets, line items, invoices, other evidence of allocations and expenditures
	A0.3 # of countries where results are achieved in at least 3 of the 5 IRs in the same substantive area	• Produce a tally and qualitative report of how IR indicators contributed to achievement of AO and how the policy environment is strengthened • Synthesis report/description
IR1: Policies that improve equitable and affordable access to high-quality services and information adopted and put into practice	1.1 # of national/subnational or organizational policies or strategic plans adopted that promote equitable and affordable access to high-quality FP/RH, MH, or HIV/AIDS services and information	• Copy of policy, strategic plan, guidelines signed with evidence of approval (signature) • Content analysis to provide evidence that the policy promotes equitable and/or affordable access to high-quality services • Official gazette, laws, bills
	1.2 # of instances in which a formal implementation or operational directive or plan is issued to accompany a national/subnational or organizational policy	• Copy of plan, document • Memos, guidelines, norms, instructions, distribution lists, memorandum of understanding (MOU)

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[2] Throughout the PMP, indicator wording specifically mentions FP/RH, HIV/AIDS, and maternal health. However, our mandate also pertains to other infectious diseases, such as tuberculosis (TB), avian influenza (AI), and malaria.

	1.3 # of instances in which there is concrete evidence of implementation for new or existing national/ subnational policies or strategic plans that promote equitable and affordable access to high-quality FP/RH, MH, or HIV/AIDS services and information	• Directive, resolution • Tool to measure policy implementation • Meeting minutes providing evidence of dialogue among national and subnational governments on new guidelines • Evidence of activity plans or reports that show the policy is being used
	1.4 # of instances in which a government or organization establishes or strengthens a system or mechanism that is responsible for monitoring policy implementation	• Policy implementation index, monitoring systems, memo, members of meeting, executive order • Commission structure
	1.5 # of instances in which steps are taken to address or remove identified barriers to equitable and affordable FP/RH, MH, or HIV/AIDS services and information	• Reports, legal and regulatory reviews, decrees, orders • Guidelines, religious edicts, regulations • Pilot-test specifications and results • Evidence that a barrier has been identified by the project or other sources before addressing the barrier
	1.5.1 # barriers identified	• Operational barriers study, list of barriers • List of priority barriers must be included in quarterly reports and forms the basis for a result corresponding to indicator 1.5
IR2: Public sector and civil society champions strengthened and supported to assume leadership in the policy process	2.1 # of instances in which policy champions that were assisted by the project are actively engaged in policy dialogue, planning, and/or advocacy	• Project records, quarterly reports, key informants, copy of action plan, campaign • Newspaper articles, published statements, speeches • Mentoring tool (under development by advocacy team) Note: Policy champions need to be identified in advance
	2.1.1 # of policy champions identified and trained or strengthened by the project	• Project documents

	2.2 # of instances where targeted public and private sector officials, FBO, or community leaders publicly demonstrate new or increased commitment to FP/RH, MH, or HIV/AIDS	• Project workplans, list of targeted officials • Newspapers, workshop agenda, published statements, speeches, political party platforms, media reports, clipping service • Increased commitment requires a baseline; new commitment must be documented
	2.3 # of instances in which networks or coalitions are formed, expanded (to include new types of groups), or strengthened to engage in policy dialogue, advocacy, or planning	• Network checklists, project records, Advocacy Network Questionnaire • Capacity index (baseline, follow-on, and end-line assessments) • Registration records for NGO network/coalition or entity • Vision statement, official charter • Form to track expanded membership over time
	2.4 # of in-country organizations or individuals the project has assisted that conduct formal advocacy training on their own or provide TA to others to undertake advocacy	• Project reports, workshop agenda, participant lists • This indicator requires periodic follow-up of individuals or groups trained to document their follow-on activities
	2.4.1 # of people trained to undertake advocacy	• Project reports, workshop agenda, participant lists
IR3: Health sector resources (public, private, nongovernmental organizations and community-based organizations) increased and allocated more effectively and equitably	3.1 # of instances in which new and/or increased resources are committed or allocated to FP/RH, MH, or HIV/AIDS as a result of a project activity	• Budgets, line items, invoices, donor records, expenditure records, orders, other evidence of commitment/new resources • Donations, letters, records, or other data sources to capture non-monetary donations
	3.2 # of instances in which mechanisms to increase effectiveness of resource allocation are identified and adopted	• Concrete evidence of more effective resource allocation, such as project records, meeting minutes, trip reports • Evidence of activity plans or reports that show the mechanisms are being applied
	3.3 # of instances in which mechanisms to increase effectiveness of resource allocation are implemented	• Concrete evidence of more effective resource allocation, such as directives, procedural guidelines for testing or scale-up, meeting minutes • Evidence of activity plans or reports that show the mechanisms are being used

	3.4 # of instances in which mechanisms to increase equity of resource allocation are identified and adopted	• Concrete evidence of more equitable resource allocation, such as project records, meeting minutes, resolutions, orders, directives • Evidence of activity plans or reports that show the mechanisms are being applied
	3.5 # of instances in which mechanisms to increase equity of resource allocation are implemented	• Concrete evidence of more equitable resource allocation, such as project records, meeting minutes, resolutions • Use of a tool to measure policy implementation • Evidence of activity plans or reports that show the mechanisms are being used
IR4: Strengthened multisectoral engagement and host country coordination in the design, implementation, and financing of health programs	4.1 # of instances that multisectoral structures that advise on or set FP/RH, MH, or HIV/AIDS policies are established or strengthened	• Project records, orders, membership roster, memos, new reports • Baseline required for claiming "strengthened" or mechanisms for strengthening need to be reported in advance
	4.2 # of in-country structures that provide multisectoral oversight to ensure compliance to policies or norms are established or strengthened	• Membership list, scope of work, meeting schedules, minutes with descriptions of actions • Baseline required for claiming "strengthened" or mechanisms for strengthening need to be reported in advance
	4.3 # of instances in which a new sector is engaged in the design, implementation, and financing of health programs	• Evidence must show that they are new partners at the table and specify the role played in design, implementation, and financing • Newspaper reports, organizational records, project records
	4.4 # of instances of collaboration or coordination leading to a specific output	• Meeting records, reports, key informants, specific outputs produced • Purpose of formation of group and scope of work • Membership list • Joint workplan

IR5: Timely and accurate data used for evidence-based decisionmaking	5.1 # of new tools/methodologies created or adapted and applied in-country to address FP/RH, MH, or HIV/AIDS issues	• Project records, country reports, manuals, software • Evidence of application in at least one country • Training records • Copy of software and or documentation
	5.1.1 # of new tools created or adapted to address FP/RH, MH, or HIV/AIDS	• Project records, country reports, manuals, software • Copy of software and or documentation
	5.2 # of instances that data/information produced with support from the project are used for policy dialogue, planning, resource allocation, and/or advocacy, or in national/subnational policies or plans	• Key informant interviews, documents with citations highlighted, policies/plans • Citation in a policy or plan • Project records, case studies, mission memos
	5.3 # of instances in which in-country counterparts or organizations apply tools or methodologies on their own or conduct training in the use of the tool or methodology	• Project records, emails, downloads, workshop agenda, curricula
	5.3.1 # of people trained	• Project records, emails, downloads, workshop agenda

Detailed Documentation:
Performance Monitoring Plan

Performance Monitoring Plan (PMP)
(9-30-06)

Indicators	Type and Source of Data	Discussion and Comments
Activity Objective (AO): Improved enabling environment for health, particularly FP/RH, HIV/AIDS, and maternal health* The AO is the highest level result. Indicators at the AO level should capture results achieved as the culmination of work across intermediate results (IRs). *Throughout the PMP, indicator wording specifically mentions FP/RH, HIV/AIDS, and maternal health (MH). However, HPI work also pertains to other infectious diseases, such as tuberculosis, avian influenza, and malaria, and it is stipulated that this is subsumed under each of the activities.		
A0.1 # of countries that show an improvement in the policy environment using a documented instrument	• Policy Environment Score, AIDS Program Effort Index, Maternal and Neonatal Program Effort Index, UNAIDS National Composite Policy Index conducted as baseline and at least 2 years later • UNGASS national indicators • Copies of other instruments and before and after tests	The purpose of this indicator is to describe the current policy environment, including the strongest and weakest elements, and assess the effect of policy activities over time. This indicator would only be used by country programs that span at least two years and have an operating budget of US$1 million or more per year. Since the indicator captures an improvement, it is necessary for programs to apply the chosen instrument at least twice during the life of the program. An instrument is any tool that can assess the policy environment, such as the Policy Environment Score (PES), the AIDS Program Effort Index (API), the Maternal and Neonatal Program Effort Index (MNPI), or the National Composite Policy Index (NCPI). The instrument being used must include discussions of reliability and validity and have documentation so it can be assessed independently and used by others. Existing instruments may be customized or adapted to assess particular outputs of the policy environment, at either the national or subnational levels. Instruments and documentation should be reviewed by the M&E Team prior to application in the field to ensure the instrument is suitable for this indicator. This indicator will typically only be reported on once or twice over the life of the project; however, for programs lasting five years, it may be desirable to report on progress 2 or more times. Evidence of achievement should include a brief analysis of the baseline and follow-up, a comparison of the two data points, and a copy of the survey instrument used. Documentation must also include a qualitative report describing how the project's inputs contributed to the improvement or increased score. Most instruments of this type involve use of expert informants who answer specific questions about different aspects of

Indicators	Type and Source of Data	Discussion and Comments
		the policy environment. About 10–15 experts provide responses, representing a broad array of actors and program managers within the sector, including both public and private sector actors. *Illustrative example[3]:* An MNPI application in Senegal showed an increase in score of three points—from 59 in 1999 to 62 in 2002. Senegal showed the greatest improvement in health promotion programs (a score increase from 37 to 57) followed by an increase in monitoring and research by 16 points. (The result narrative should also include a discussion of the project's role in improving the policy environment, especially relating to areas identified as needing strengthening or areas with the largest increases in score.)
A0.2 # of instances of policies implemented, resources allocated, *and* evidence of resources used in relation to the same policies	• Can refer to data sources used to document related IR1 and IR3 results • % of allocated budget spent • Budgets, line items, invoices, other evidence of allocations and expenditures	This indicator provides evidence of policy implementation in addition to illustrating the synergies of the IRs. Results at the AO level, using this indicator, are the culmination of several results accomplished over the life of an activity (or multiple activities). In general, this indicator builds on the achievement of an IR1 result <u>plus</u> an IR3 result for resources and evidence of resource expenditure. Thus, a result will show the continuum of policy work. For a single policy or concept, such as contraceptive security, adoption of a policy and mobilization and expenditure of resources represents an improvement in the enabling environment for that topic or subject area. Narratives could cross reference the prior documentation of the policy approval and/or implementation, and resource allocation, but must include a discussion of expenditures to date as further evidence of implementation. This indicator can be used in smaller programs working on a single topic area, which nonetheless can demonstrate an improvement in a particular component of the policy environment. It can also be used in larger programs, working across a range of issues, to reflect an improvement in a particular component of the policy environment.

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[3] Examples included in the PMP do not constitute complete results reporting. They are presented here solely for illustrative purposes.

Indicators	Type and Source of Data	Discussion and Comments
		Illustrative example: Following adoption of the *Anglican Communion HIV/AIDS Strategic Framework*, Christian AID granted the Church of the Province of Southern Africa (CPSA) R45 million Rand for implementation (US$6 million) of the *Strategic Plan*. The following year, to implement the *Strategic Plan* and provide care and support to local communities, a Wellness Management Curriculum was created and 37 master trainers from 21 dioceses underwent a four-day training-of-trainers (TOT) workshop on wellness management.
A0.3 # of countries where results are achieved in at least 3 of the 5 IRs in the same substantive area Some task orders may be limited in scope and focus on only one or two IRs. In these cases, the task order would probably not select this indicator to report on.	• Produce a tally and qualitative report of how IR indicators contributed to achievement of AO and how the policy environment is strengthened • Synthesis report/description (We will provide separate guidance on how to do this) N.B. A result for this indicator could be used as a basis for a success story and possibly a best practice.	The purpose of this indicator is to illustrate the cumulative affect of policy work. Results achieved in the IRs and reported here must all be related to a single substantive area (e.g., FP, HIV, MH, or avian influenza, etc.). The difference between this result and A0.2 is that this result does not necessarily have to link directly to policy implementation, but can touch on other aspects of improving the policy environment. For example, a policy is adopted, champions or groups advocate on the issues, resources are identified, a multisectoral group is set up, and data are used for decisionmaking, but implementation has not yet formally occurred. Nonetheless, by virtue of the other achievements, the policy environment has been strengthened. Narratives should synthesize the linked results and demonstrate how they contributed to an improved enabling policy environment. The narratives may be used as the basis for project success stories and possibly best practices so they should be comprehensive as standalone, succinct summaries. *Illustrative example:* The project-assisted multisectoral Policy Development Group (IR4) in Ukraine prepared a decree on enhancing the efficiency of public resource use in the healthcare system, which was submitted to the Cabinet of Ministers. Subsequently, the City Council adopted a resolution to reorganize local healthcare provisions (IR1). Acting on the recommendations in project-supported efficiency studies and audits (IR5), the city reduced the number of beds and square footage of health premises, saving the city the equivalent of nearly one-eighth of the city's overall budget (IR3).

Indicators	Type and Source of Data	Discussion and Comments
IR1: Policies that improve equitable and affordable access to high-quality services and information adopted and put into practice Adoption and implementation of policies can occur at different points in time. In some contexts, a policy will first need to be adopted, which would be reported using indicator 1.1. If a policy is already in place and the project facilitates implementation, a result corresponding to indicator 1.2 can be claimed. Put into practice refers to various implementation mechanisms such as adopting operational policies, establishment of monitoring bodies, training on how to use/implement policy or guidelines, removal of barriers, etc. It may also refer to resources mobilized and/or allocated, but this aspect of implementation is captured under IR3. Examples of implementation mechanisms include (but are not limited to): • **Adopting operational policies** (e.g., approving guidelines for a contraceptive logistics management system) • **Removal of barriers that impede access and service delivery** (e.g., allowing midwives to insert IUDs where previously only doctors were allowed to perform this task once clarification of the regulations occurred) • **Monitoring bodies** (e.g., ensuring that GIPA is practiced within the Country Coordinating Mechanisms (CCMs)) Equitable refers to ensuring that all segments of a country's population—especially the poor, adolescents, women, or inhabitants of rural areas—have access to services. Individuals from low-income or marginalized groups or rural areas often have less access to care due to financial constraints and/or lack of proximity to health facilities. As such, the public sector has an important role to play in financing and ensuring easily accessible services for these groups. Affordable refers to the ability to procure services at a price commensurate with a person's ability to pay. In some instances, services will be free.		
1.1 # of national/subnational or organizational policies or strategic plans adopted that promote equitable and/or affordable access to high-quality FP/RH, MH, or HIV/AIDS services and information	• Copy of policy, strategic plan, guidelines signed with evidence of approval (signature) • Content analysis to provide evidence that the policy promotes equitable and/or affordable access to high-quality services • Official gazette, laws, bills	Organizational policies refer to those that are adopted by, including but not limited to, governmental and nongovernmental groups, industries or other places of work, faith-based organizations (FBOs), etc. Policies and strategic plans include laws, policies, and plans that provide the broad vision and framework for action. Narratives should explicitly address the type of organization that adopted the policy, and describe how the policies promote equitable and affordable access. For example, how issues of poverty, gender, stigma and discrimination were addressed in the policy/plan or informed the process of policy development. In addition, results should list the country name, name of the policy/plan, date, who approved it, details, significance, and the project's role in adoption.

Indicators	Type and Source of Data	Discussion and Comments
		Illustrative example:
		In August 2004, Ghana's Cabinet approved the *National HIV/AIDS and STI Policy*, which empowers women to enhance self-esteem and promote gender equity in service delivery. The policy calls for resources for implementation, research, and monitoring and evaluation (M&E) of intervention programs.
1.2 # of instances in which a formal implementation or operational directive or plan is issued to accompany a national/subnational or organizational policy	• Copy of plan, document • Memos, guidelines, norms, instructions, distribution lists, memorandum of understanding (MOU)	This indicator documents evidence of progress toward policy implementation and flows as a logical next step after achieving a result corresponding to indicator 1.1. Once the policy is approved, then a plan may be put in place to operationalize the policy. Indicators 1.2, 1.3, and 1.4 are variations on the theme of implementation to reflect the progression of policy implementation as follows: IR1.2: Emphasis is on <u>adoption/issuance</u> of an implementation or operational policy IR1.3: Emphasis is on other <u>evidence</u> of implementation, not including finance IR1.4: Emphasis is on <u>monitoring</u> of implementation Instances refer to the number of examples of government, NGOs, or private sector organizations issuing an implementation or operational directive or plan. Implementation or operational plans are the rules, regulations, codes, guidelines, plans, budgets, procedures, and administrative norms that organizations use to translate laws and policies into programs and services. This includes programmatic and organizational documents that regulate what kinds of services may be delivered, to whom, and under what conditions. Typically, the plan not only specifies how the work should be completed, but also specifies who is the responsible implementing agency.

Indicators	Type and Source of Data	Discussion and Comments
		Narratives should include the title, date, and who approved the directive or plan with a brief description of the policy it accompanies. Briefly describe the overall objectives of the plan and its key components, rationale for why the policy was needed, and the project's role in achieving the result. *Illustrative example:* The Government of Kenya adopted the *National Home-based Care Programme and Service Guidelines* (implementation plan) following approval of the *National Home-based Care Policy Guidelines* (national policy) in May 2002.
1.3 # of instances in which there is concrete evidence of implementation for new or existing national/ subnational policies or strategic plans that promote equitable and affordable access to high-quality FP/RH, MH, or HIV/AIDS services and information	• Directive, resolution • Tool to measure policy implementation • Meeting minutes providing evidence of dialogue among national and subnational governments on new guidelines • Evidence of activity plans or reports that show the policy is being used	This indicator quantifies how the project influenced policy implementation. A result achieved for indicator 1.2 is evidence of progress toward implementation, but adoption of an implementation plan is not the only source of evidence of implementation. This indicator aims to capture any additional concrete evidence of implementation. Concrete evidence of implementation can be documented dialogue among national and subnational governments on the implementation plans or rolling out training of healthcare practitioners as a step toward implementation (e.g., ensuring providers have accurate information of age limitations for contraceptive methods so youth are not unlawfully denied access). Evidence may include use of an index, tool, or checklist that presents stages or types of implementation activities. Another example of evidence is resource allocation; however, that information will be captured under IR3. The narrative should include a description of the policy being implemented, evidence verifying that implementation is occurring, and the impact the changes are having on the program or service delivery, if available. *Illustrative example:* In 2001, Guatemala's Congress passed the "Social Development Law," which sets clear objectives for the National Reproductive Health Program (NRHP). A major barrier to implementation of the NRHP was that it had an insufficient political and organizational base to guarantee its continuity. After extensive

Indicators	Type and Source of Data	Discussion and Comments
		advocacy from project-supported NGOs, in January 2004, the NRHP became an official Ministry of Health (MOH) program that can negotiate budgetary allocations, thereby strengthening the legal framework for reproductive health and ensuring a sustainable platform for service provision.
1.4 # of instances in which a government or organization establishes or strengthens a system or mechanism that is responsible for monitoring policy implementation	• Policy implementation index, monitoring systems, memo, members of meeting, executive order • Commission structure • Baseline required for claiming "strengthened" or mechanisms for strengthening need to be reported in advance	This indicator tracks policy monitoring mechanisms to assess whether and how well policies are being implemented. A system or mechanism could be a committee that conducts a detailed review of performance or a monitoring system for implementation. Monitoring could measure a variety of things. For example, one could measure the degree of parliamentary or civil society oversight of policies. Monitoring could also be holding regularly scheduled meetings to discuss service statistics or setting up a management information system (MIS) to track progress. This indicator differs from 4.2 in that the system or mechanism does not necessarily have to be multisectoral. To measure the strengthening of a system or mechanism, setting criteria and collecting baseline information on the system or mechanisms before or at the beginning of project implementation will be necessary. This information will then be compared with data coming from subsequent assessments in order to measure progress made in strengthening these structures. Narratives should include details on the system or mechanisms set up to monitor the policy, the date and role of the project in setting up the system, how frequently the system or committee will assess implementation to ensure adequate follow-up. *Illustrative examples:* • Setting up an M&E committee for a policy or health program or giving a group the charge to look at implementation. • Mandating youth services and then establishing an entity to verify that services are offered.

Indicators	Type and Source of Data	Discussion and Comments
		• Measuring progress against performance standards in a specific area, such as voluntary counseling and testing. • Working with a defunct monitoring unit so it functions as an effective monitoring body.
1.5 # of instances in which steps are taken to address or remove identified barriers to equitable and affordable FP/RH, MH, or HIV/AIDS services and information	• Reports, legal and regulatory reviews, decrees, orders • Guidelines, religious edicts, regulations • Pilot-test specifications and results • Evidence that a barrier has been identified by the project or other sources before addressing the barrier	This indicator captures information on how the project is addressing barriers to policy implementation. There are several steps in this process including (1) identifying barriers; (2) creating a policy/plan, guidelines, or regulations to address barriers; or (3) pilot testing or implementing interventions to overcome the obstacle or barrier to service delivery. This indicator includes removal of barriers related to public and private sector provision of services. Barriers should be documented in the country workplan if possible. If identified after completion of the workplan, the barriers should be noted in the quarterly report as a means of documentation. The narrative should include a brief description of the identification of the barrier, the process or plan to address it, and when and how a plan or intervention was or will be put in place. If available, information may also discuss the enhanced service delivery once the barrier is removed, and should then include the date and project's role in the barrier removal process. *Illustrative example:* Romania had a provision for free contraceptives for the poor. Research highlighted the difficulty of proving eligibility to receive free contraceptives. Therefore, the project assisted local advocacy groups to conduct advocacy that resulted in the government's approval of self-certification of poverty status as a requirement to access free contraceptives.

Indicators	Type and Source of Data	Discussion and Comments
1.5.1 # of barriers identified	• Operational barriers study, list of barriers • List of priority barriers must be included in quarterly reports and forms the basis for a result corresponding to indicator 1.5	This indicator corresponds to a lower-level result of IR1.5. Lower-level results will not be reported to USAID/W. However, for country programs working in this area, a brief description of the barriers identified will serve as a baseline for the types of identified barriers that will be addressed or removed.
IR2: Public sector and civil society champions strengthened and supported to assume leadership in the policy process		
2.1 # of instances in which policy champions that were assisted by the project are actively engaged in policy dialogue, planning, and/or advocacy	• Project records, quarterly reports, key informants, copy of action plan, campaign • Newspaper articles, published statements, speeches • Mentoring tool (under development) Note: Policy champions need to be identified in advance	Policy champions are individuals or organizations that are influential supporters or advocates of policy change initiatives related to FP/RH, MH, and HIV/AIDS. This indicator can refer to the national or subnational level, and public and private sectors, including civil society. This indicator captures information on the activities of individuals or groups who are champions of a particular issue. To achieve this result, champions must be identified in advance and the action taken to build their capabilities must be documented. The narrative should include information on how the champion was identified— specifically how the project assisted the group or individual—and explicitly describe how they are actively engaged in policy dialogue, planning, or advocacy that they then carried out on their own. Assisted means that the project provided technical assistance, training, access to information, etc. Actively engaged means participating in policy dialogue and planning or conducting advocacy on their own to achieve a specific goal. This does not refer to a one-time activity but rather ongoing activity. If a champion continues work over time, additional results can be submitted as updates to add to the original result. If multiple people in one committee serve as policy champions this should be reported only once. *Illustrative example:* In Russia, a member of the project-formed regional RH advocacy network implemented an advocacy campaign in Krasnodar Kray with the objective of re-establishing contraceptive supplies for the population most in need.

Indicators	Type and Source of Data	Discussion and Comments
		Following active advocacy, Dr. Valentina Zabalotnyaya was able to confirm that the contraceptives had been purchased and provided to the population. She stated that the project's advocacy training, minigrants, and assistance to the Network's advocacy campaign were critical to the success of the advocacy.
2.1.1 # of policy champions identified and trained by the project	• Project documents • Training logs	This indicator corresponds to a lower-level result of IR2 and will not be reported to USAID/W. However, for country programs working in this area, tracking the number of policy champions/organizations identified and trained will be useful to assess progress in the number of those actively engaged in policy dialogue, planning, and/or advocacy.
2.2 # of instances where targeted public and private sector, FBO, or community leaders publicly demonstrate new or increased commitment to FP/RH, MH, or HIV/AIDS	• Project workplans, list of targeted officials • Newspapers, workshop agenda, published statements, speeches, political party platforms, media reports, clipping service • Increased commitment requires a baseline; new commitment must be documented	This indicator tracks targeted leaders. Leaders are not the same as champions. Leaders control resources or public opinion. To achieve this result, the project needs to establish in advance which officials it is trying to reach with activities. Commitment is more than a speech; it reflects support for a particular course of action. New commitment may be a one-time occurrence but should be reflective of ongoing or continuing support or of a dramatic change in viewpoint or position. Increased commitment is an observable change in the frequency, consistency, and depth of attention to an issue. For example, providing financial or material support for an activity for the first time; delegating staff to work on an issue; or taking concrete action. A baseline is needed to assess the initial level of commitment or support of targeted leaders. A follow-up assessment will provide evidence of increased support. In addition to monitoring speeches and other signs of increased commitment, it may be necessary to administer a short questionnaire to both targeted leaders and key informants to document this indicator. Narratives should include information on the targeted officials, the activities carried out to gain their favor or change their views, and how they are demonstrating commitment after being exposed to project activities. One newspaper article or speech is not enough to demonstrate commitment. A series of speeches on a topic over time would qualify. The speeches cannot be written by the project or with project technical assistance (TA).

Indicators	Type and Source of Data	Discussion and Comments
		Illustrative example: Prior to the project's support and collaboration, Islamic leaders in Mali rarely spoke in public about FP/RH or HIV/AIDS issues. Following training activities conducted by the project for religious leaders of Sikasso, three influential leaders in the region publicly discussed, for the first time, the importance of combating HIV/AIDS-related stigma and discrimination in five mosques reaching a total of 570 mosque attendees. These leaders also subsequently joined the Regional Network of Religious Leaders Combating AIDS.
2.3 # of instances in which networks or coalitions are formed, expanded (to include new types of groups), or strengthened to engage in policy dialogue, advocacy, or planning PEPFAR 12.1: # of local organizations provided with TA for HIV-related policy development PEPFAR 12.2: # of organizations provided with TA for HIV-related institutional capacity building *See PEPFAR guidance for definition of indicators. Sources listed at the end of this document.	• Network checklists, project records, Advocacy Network Questionnaire • Capacity index (baseline, follow-on, and end-line assessments) • Registration records for NGO network/coalition or entity • Vision statement, official charter • Form tracking expanded membership over time • Baseline required for claiming "strengthened" or mechanisms for strengthening need to be reported in advance	This indicator captures data on the advocacy groups the project works with. Networks and coalitions refer to groups of organizations and/or groups of individuals working together to achieve changes in policies, laws, or programs for a particular issue. Formation of a network or coalition may include official registration with the government, establishing a mission statement, an organizational structure, and a regular meeting schedule. The formation of a new network or association may be documented using the Advocacy Network Questionnaire or a similar instrument. Expansion of a network or association will be represented by an increase in membership. Expanded will only be measured once over the life of the project, so it should be monitored over time. Expanded includes geographic expansion in addition to numeric expansion. To assess whether strengthening has occurred, a baseline in addition to a set of criteria should be established <u>in advance</u> as to what will constitute strengthened. This refers to institutional, programmatic, and financial capacity building or sustainability. For example, strengthened could be measured by "increased percent of funding coming from non-project sources" or "strategic plan in place and implemented by network without project assistance." This indicator may also be a precursor to IR 2.1. If a network or association member, who the project helped nurture, becomes actively involved in a policy issue, then that person becomes a policy champion.

Indicators	Type and Source of Data	Discussion and Comments
		This indicator is similar to indicator 4.1 "Multisectoral structures that advise on or set policy are established or strengthened." However, a result under indicator 4.1 has to involve a multisectoral entity, while a result under this indicator does not. Narratives for this indicator should include the name of the network or coalition; the date or timeframe it was formed or strengthened; the mission statement of the group; the numbers and types of groups involved; how the group is engaging in policy dialogue, advocacy, or planning; and the project's role in its stregthening. *Illustrative example:* The Marang Childcare Network Trust, a network dedicated to ensuring the well-being, protection, and care of orphans and vulnerable children, was officially registered in Botswana, allowing the network to apply for donor assistance and have greater potential for growth and sustainability.
2.4 # of in-country organizations or individuals the project has assisted that conduct formal advocacy training on their own or provide TA to others to undertake advocacy PEPFAR 12.1: # of local organizations provided with TA for HIV-related policy development. PEPFAR 12.3: # of individuals trained in HIV-related policy development PEPFAR 12.5: # of individuals trained in HIV-related stigma and discrimination reduction	• Project reports, workshop agenda, participant lists • This indicator requires periodic follow-up of individuals or groups trained to document their follow-on activities	The purpose of this indicator is to show evidence of the sustainability of the project's advocacy efforts. Advocacy training refers to building skills to become advocates or champions. An alumnus of a project-supported training workshop that offers training to others or conducts training without funding or technical assistance from the project would be a result for this indicator. Some participants of training may become policy champions, which would be a result under the indicator 2.1. The narrative should include information on the nature of the project's initial assistance, including the date and title of the initial training or assistance effort; the goals and content of the training; and the number and types of participants. The same information should be included in the narrative on any subsequent training or TA the participants conducted on their own (date, title, goals, content of course, # and types of participants) and related outputs, if applicable.

Indicators	Type and Source of Data	Discussion and Comments
PEPFAR 12.6: # of individuals trained in HIV-related community mobilization for prevention, care, and/or treatment		If the advocacy training is being conducted in a PEPFAR country, data should be collected on the number and type of people in the audience. This information is required for the Country Operational Plan (COP) Reporting System. *Illustrative example:* Following a project-sponsored TOT on repositioning FP and contraceptive security, TOT participants returned to their countries and used the skills gained to conduct advocacy training on their own. For example, the representative from Cambodia formed a working group to develop a national policy on HIV/AIDS in the workplace and a reverend from Uganda organized several workshops on adolescent reproductive health.
2.4.1 # of people trained to undertake advocacy PEPFAR 12.3: # of individuals trained in HIV-related policy development PEPFAR 12.5: # of individuals trained in HIV-related stigma and discrimination reduction PEPFAR 12.6: # of individuals trained in HIV-related community mobilization for prevention, care, and/or treatment	• Project reports, workshop agenda, participant lists	This indicator corresponds to a lower-level result of IR2.4. Lower-level results will not be reported to USAID/W. However, for country programs working in this area, tracking the number trained will be useful for monitoring who goes on to train others (IR 2.4).

IR3:Health sector resources (public, private, NGOs, and community-based organizations) increased and allocated more effectively and equitably

Resources are not only financial but can also be material such as additional doctors, new facilities, furniture, and vehicles. Resources can come from many sources including, national/subnational governments, NGOs, donors, foundations, etc. There are many possible mechanisms to increase the pool of money available for health-related activities: line items in budgets, money from government budgets, donor funds, taxes, user fees, privatization, community-based financing, health insurance, etc.

Indicators	Type and Source of Data	Discussion and Comments
Effectiveness is the degree or extent to which an activity achieves its objectives. For example, implementation of a pro-poor financing mechanism helped improve access to RH services among the poor. Or, increased resources allocated for MH delivery services increased the number of institutional deliveries. Efficiency is a subset of effectiveness and refers to the concept of getting the most value for money spent or making the most of available inputs and resources–be they financial, human, or material (equipment or supplies). Some common complaints of inefficiencies in resource allocation and use are too much money is being spent on hospitals, rather than primary care; public funds are being spent on costly services with little impact (cost-ineffective services); too much of the budget is spent on salaries compared with operations and maintenance; health personnel spend large amounts of time on administrative activities. Equity refers to ensuring that all segments of a country's population—especially the poor, adolescents, women, or inhabitants of rural areas—have access to services. Individuals from low-income or marginalized groups or rural areas often have less access to care due to financial constraints and/or lack of proximity to health facilities. As such, the public sector has an important role to play in financing and providing accessible services to these groups.		
3.1 # of instances in which new and/or increased resources are committed or allocated to FP/RH, MH, or HIV/AIDS as a result of a project activity	• Budgets, line items, invoices, donor records, expenditure records, orders, other evidence of commitment/new resources • Donations, letters, records, or other data sources to capture non-monetary donations	This indicator captures information on additional funds or other resources committed or allocated for health-related activities. Increased resources represents an emphasis on the importance of financial resource mobilization as an essential component of a plan or policy. It is unlikely that countries will develop and approve plans that deal only with financing FP/RH, MH, and HIV/AIDS. However, comprehensive program policies and/or implementation plans will include financial plans and budgets describing anticipated costs, where resources are expected to come from, private sector participation, etc. Commitment refers to the creation of a budget line item or other pronouncement that resources will be made available for a specific purpose. Allocation refers to the assignment of resources to a program or activity. Resources may be mobilized as the end-result of data analysis, modeling, advocacy and policy dialogue, a costing exercise, or part of a policy or operational plan. This result can occur multiple times in one country. Narratives should include a description of the project activity that contributed to getting new or increased resources and what the resources will be used for and the date of the commitment/allocation. For new or additional resources, the narrative should include actual dollar amounts (or persons/materials/donations). Proof of expenditure is not required for this result. If amounts increase over time, additional information should be

Indicators	Type and Source of Data	Discussion and Comments
		submitted as an update to the previous result. *Illustrative example*: *Commitment:* The Government of Bangladesh agreed that value added taxes for advertisements and other programs in Bangladesh TV and Radio for the National Integrated Health and Population Program would be paid by the government through the Line Director for Procurement, Storage, and Supply. Or, a legislative decree in Guatemala stated that a new 15 percent tax on alcohol would be used to provide additional funds for FP/RH programs. Or, a World Bank loan agreement committed money for procurement of commodities, etc. *Allocation*: Increase in the budget for FP/RH; money allocated to implement district action plans; funding of a contraceptive security plan; purchase of an ambulance to help with transport for EmOc; additional funds obtained by improving fee collection processes increased funds available for antiretroviral treatment, donor grants to HIV organizations, etc. For example, $148,500 was collected from donations for contraceptive commodities, following implementation of the Contraceptive Reliance Program in 18 provinces of Turkey. Or, as a result of advocacy work supported by the project, the Global Fund allocated $17,000 to the 2005–2006 budget in Ukraine for procurement of HIV test kits for communities most-at-risk for HIV transmission.
3.2 # of instances in which mechanisms to increase effectiveness of resource allocation are identified and adopted	• Concrete evidence of more effective resource allocation, such as project records, meeting minutes • Evidence of activity plans or reports that show the mechanisms are being applied • Evidence of adoption Note: Guidance forthcoming on effectiveness	This indicator focuses on mechanisms that increase the effectiveness of resource allocation. Indicator 3.3 is similar to this indicator but emphasizes implementation. Mechanisms that promote efficiency should be reported here. Adopted refers to a directive or other action that would enable the mechanism to be tested or implemented. Narratives should include a description of the mechanism and explain or show how resources are used more effectively, the setting in which it was applied, including the date, preliminary outcomes, and the project's role in achieving this result.

Indicators	Type and Source of Data	Discussion and Comments
		Illustrative example: The Maternal and Child Health Center and City Hospital #1 in Kamianets-Podilsky, Ukraine, were converted into a general hospital providing in-patient care and specialized healthcare for women and children; by reducing the number of hospital staff and beds, the city saves $193,000 per year. The funds are now allocated for essential RH services. The MOH in Kenya approved the use of four guidelines to improve the efficiency of cost-sharing within the health system.
3.3 # of instances in which mechanisms to increase effectiveness of resource allocation are implemented	• Concrete evidence of more effective resource allocation, such as directives, procedural guidelines for testing or scale-up, meeting minutes • Evidence of activity plans or reports that show the mechanisms are being used • Evidence of adoption	This indicator refers to the implementation of effective resource allocation, which may include the pilot testing or scaling up of mechanisms in indicator 3.2. Narratives should include information on the mechanism itself, how it was implemented, why it promotes effectiveness, how the resources are being used more effectively, date of achievement, and the project's role in achieving this result. *Illustrative example:* The government of Kenya is working to improve the efficiency of cost-sharing within the health system. The MOH implemented procedures in the new cost-sharing guidelines that provide instruction/guidance to improve the collection, management, and use of the cost-sharing revenues. Collectively, the new procedures have begun to pay off in terms of improved efficiency in collections that now stands at 54 percent up from 46 percent.
3.4 # of instances in which mechanisms to increase equity of resource allocation are identified and adopted	• Concrete evidence of more equitable resource allocation, such as project records, meeting minutes, resolutions, orders, directives	This indicator is linked to 3.5 but the emphasis here is on identified and adopted mechanisms that are that promote equity of resource allocation. Promoting equity refers to ensuring that all segments of the population have access to services. For example, providing vouchers to the poor. Vouchers are government- or NGO-issued tokens provided to a client that he/she can use in exchange for specified goods or services—often from private providers. This program provides those not able to pay for services a way to obtain them.

Indicators	Type and Source of Data	Discussion and Comments
	• Evidence of activity plans or reports that show the mechanisms are being applied	Adopted refers to a directive or other action that would enable the mechanism to be tested or implemented. Narratives should include a description of the mechanism, how it encourages equitable resource allocation, date of adoption, and the project's role in achieving this result. *Illustrative examples:* Government Order 248 in Romania approved self-certification of poverty status as a requirement to access free contraceptives, revising former guidelines restricting eligibility to students, the unemployed, people with low or no income, and those from families receiving social protection allowance. In May 2004, the Regional Health Directorate of Piura, Peru, drafted and issued a resolution that reassigned staff within its facilities to be available during night and weekend shifts to address huge gaps in Ob/Gyn emergency services. This change enables women in low-income areas seeking labor and delivery services access to skilled attendants during non-office hours.
3.5 # of instances in which mechanisms to increase equity of resource allocation are implemented	• Concrete evidence of more equitable resource allocation, such as project records, meeting minutes, resolutions • Use of a tool to measure policy implementation • Evidence of activity plans or reports that show the mechanisms are being used	This indicator is linked to indicator 3.4 but the emphasis here is on implementation, which may include pilot testing or scaling up of mechanisms that promote equitable resource allocation Narratives should include a description of the mechanism and how it encourages equitable resource allocation, date(s), evidence of implementation, and the project's role in achieving this result. *Illustrative example:* A budget line item is created specifically for use by poor or vulnerable populations.

Indicators	Type and Source of Data	Discussion and Comments
		The policy change is tested in health facilities in Piura and found that it increases access to services, especially for women in low-income areas. Based on the success of the resolution adopted in Piura, five additional directorates implement similar resolutions over a two-year period.

IR4: Strengthened multisectoral engagement and host country coordination in the design, implementation, and financing of health programs

Multisectoral structures can be any entities, bodies, partners that are made up of groups or individuals from different sectors (government, nongovernment, civil society) and/or different disciplines (agriculture, health, education, environment, etc.).

Sector refers to an entity or body that is related to a category or type of institution, organization, group, study discipline, or body of knowledge. At the institutional level, sectors can be defined in relation to government or the private sector. The private sector refers to entities that are not part of the government. Within the private sector, one can find for-profit or business entities and nonprofit entities such as NGOs/community-based organizations, civil society groups, religious groups, etc. Sectors can also be defined in relation to the discipline or body of knowledge under which activities are performed (e.g., education, agriculture, health, and the environment).

Examples of such sectors can be churches, business councils, networks, or a development sector (such as ministries of youth, agriculture, transportation, etc.).

Indicators	Type and Source of Data	Discussion and Comments
4.1 # of instances that multisectoral structures that advise on or set FP/RH, MH, or HIV/AIDS policies are established or strengthened PEPFAR 11.2: # of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS) PEPFAR 12.1: # of local organizations provided with TA for HIV-related policy development	• Project records, orders, membership roster, memos, new reports • Baseline required for claiming "strengthened" or mechanisms for strengthening need to be reported in advance	Advising on or setting policies means that these entities have governmental authority and resources and, therefore, have the capacity to influence government policy. They can be established at the national or subnational level. Examples of such structures at the national level are national AIDS commissions or councils or national population councils and district AIDS councils or district population councils at the subnational level. One of the strategies of the PEPFAR initiative to engender bold leadership is to "reach out to a broad range of community and religious leaders and private institutions to generate multisectoral leadership and responses to HIV/AIDS." Civil society, FBOs, and private institutions should therefore be part of these multisectoral structures. However, not all the sectors have to be represented in order for the structure to be multisectoral.

Indicators	Type and Source of Data	Discussion and Comments
PEPFAR 12.2: # of organizations provided with TA for HIV-related institutional capacity building		This indicator is different from 2.3 "Networks and coalitions formed, expanded, and/or strengthened." While indicator 2.3 has to do with coalitions or networks, this indicator has to do with several sectors joined together in a single organizational entity involved in setting policies and/or coordinating inputs across many sectors to ensure policy implementation. NGOs or NGO networks could be one of the sectors represented in these structures. However, ensuring multisectoral participation in the activities we carry out does not in itself constitute a result. To measure whether the structures are strengthened, it will be necessary to collect baseline information on the status of these structures before or at the beginning of project implementation. Criteria to establish the strengthening of the organization must be established in advance. Baseline information will then be compared with data from subsequent assessments to measure progress made in strengthening these structures. *Illustrative example:* The Naga City Council in Philippines approved Ordinance No. 2003-053 "An Ordinance Creating the Naga City Multisectoral STD/HIV Council for the Prevention and Control of Sexually Transmitted Diseases, Defining its Functions and Providing Funds and for other Purposes" with a budget of $5,600 in May 2003.
4.2 # of in-country structures that provide multisectoral oversight to ensure compliance to policies or norms are established or strengthened PEPFAR 12.1: # of local organizations provided with TA for HIV-related policy development.	• Membership list, scope of work, meeting schedules, minutes with descriptions of actions • Baseline required for claiming "strengthened" or mechanisms for strengthening need to be reported in advance	This indicator captures information on structures (entities, bodies, groups, and partners) that establish or put in place multisectoral commissions to monitor compliance to policies, regulations, guidelines, or policy implementation. These commissions can be referred to as "watchdog institutions." They are usually located outside of government but do not always have to be. They ensure that no abuses are made in health service delivery, resources allocation, access to services and that resource allocation and programs are implemented as specified in the policy. To qualify as a result, the structure must be multisectoral in nature. Not all the sectors, however, have to be represented in the commission in order for the commission to qualify as "multisectoral."

Indicators	Type and Source of Data	Discussion and Comments
PEPFAR 12.2: # of organizations provided with TA for HIV-related institutional capacity building.		These commissions have to be officially recognized by the government or have some type of independent authority and recognition to be effective. There is a difference between "watchdog institutions" and "champions" in the sense that watchdog institutions monitor government actions whereas champions advocate to the government to take action. To measure strengthened, it will be necessary to collect baseline information on the status of these structures before or at the beginning of project implementation. Criteria to establish the strengthening of the organization must be established in advance. This information will then be compared with data coming from subsequent assessments in order to measure progress made in strengthening these structures. *Illustrative examples:* A multisectoral group called CEPRECS was created with project support in Peru in 2003. The primary purpose of CEPRECS is to strengthen the capacity and skills of CSOs and government to collectively prevent and resolve violations of user rights and conflicts in health. Since inception, the CEPRECs have come into their own as effective mediators. Their role and potential are widely recognized in the communities and among health authorities, as they have demonstrated their capacity to both promote and speedily address violations of user rights and inequities related to health service delivery. Other examples include: • Hospital boards established to monitor health care delivery • Citizen surveillance committees
4.3 # of instances in which a new sector is engaged in the design, implementation, and financing of health programs	• Evidence must show that they are new partners at the table and specify the role played in design, implementation, and financing • Newspaper reports, organizational records, project	This indicator captures information on sectors that have not been engaged in the past in the design, implementation, and financing of health programs. Because multisectoral engagement is critical in the design of programs, any new sector that can join others in these activities, especially sectors that had been originally hostile about or excluded from these activities, is a significant achievement. The sector may operate independently or may be brought into an already existing multisectoral structure or entity. In either case, it will count as

Indicators	Type and Source of Data	Discussion and Comments
	records	an instance of a new sector engaged. Narratives should include the type and/or name of the new sector involved, describe how it is involved, and show that this is the first time the sector has been involved in the design and implementation of health programs. *Illustrative example*: In collaboration with the AIDS Responsibility Project, the project surveyed 20 leading U.S.-based companies in Mexico on stigma and discrimination and HIV in the workplace. The survey raised awareness of these issues, and the companies committed to forming a new business council dedicated to the reduction of stigma and discrimination surrounding HIV in the workplace and implementing HIV programs within their respective companies. The Consejo Nacional Empresarial sobre SIDA (CONAES) was announced by Minister Julio Frenk at the federal government's observation of World AIDS Day in December 2004, to over 200 people. The founding members included nine large U.S. corporations with operations in Mexico.
4.4 # of instances of collaboration or coordination leading to a specific output	• Meeting records, reports, key informants, specific outputs produced • Purpose of formation of group and scope of work • Membership list • Joint workplan	This indicator assesses the extent to which the project works collaboratively or coordinates to bring multiple parties together and gain consensus to achieve a specific output. The collaboration or coordination is time-bound and outputs must be related to the design, implementation, or financing of a health policy or program. Types of collaborators include cooperating agencies (CAs), NGOs, U.S. government representatives, donors, leaders from various sectors in a country, etc. Reporting achievement of a result corresponding to this indicator can occur only after the output has been produced. Evidence of this achievement includes the output, key meeting minutes, or otherwise demonstrating and documenting the nature of multisectoral collaboration or coordination. Output requiring collaboration or coordination must be specified in advance. Unlike multisectoral structures or commissions that exist over longer time periods, this indicator tracks people coming together for a specific goal, with the group possibly disbanding once the goal has been met or the output achieved.

Indicators	Type and Source of Data	Discussion and Comments
		Narratives should include a statement of the opportunity for collaboration and/or coordination, a description of the project's role in collaboration/coordination, and a description of the output produced.

Illustrative examples:

- A multisectoral working group is established to review a reproductive health law and provide recommendation to the government on establishing an oversight body to monitor the law's implementation.
- A multisectoral contraceptive committee working group drafts a contraceptive strategy for the government. |

Indicators	Type and Source of Data	Comments
IR5: Timely and accurate data used for evidence-based decisionmaking		
5.1 # of tools/methodologies created or adapted and applied in-country to address FP/RH, MH, or HIV/AIDS issues

PEPFAR 11.1: # of local organizations provided with TA for strategic information activities

PEPFAR 11.2: # of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)

PEPFAR 12.1: # of local organizations provided with TA for HIV-related policy development

PEPFAR 12.2: # of organizations provided with TA for HIV-related institutional capacity building | - Project records, country reports, manuals, software
- Evidence of application in at least one country
- Training records
- Copy of software and or documentation | This indicator links tool development and its application in the field. Tools might include generic models, manuals, guides, indices, MIS, curricula, or frameworks that would be applicable in a variety of settings. For example, developing a new computer model to estimate costs and benefits of adopting industry-based HIV prevention and AIDS care and support would qualify as a new tool created.

Adaptation of an existing tool by making a significant methodological change would also count under this indicator, but adaptation to country data does not count. For example, adding a new component or feature to the Allocate Model, FamPlan, or the AIDS Impact Model would count. However, in order for the tool created or adapted to qualify as a result, it must have been applied in-country. Tools can be used for a variety of purposes including policy dialogue, advocacy, planning, resource allocation, training, etc.

Narratives should include an explicit reference to the tool or methodology, a statement on issues or outcomes arising from its use, and a discussion of the application of the tool in-country. |

Indicators	Type and Source of Data	Discussion and Comments
		Illustrative example: • Policy implementation tool developed and used in country X to monitor implementation of its policies. • The newly available Workplace Policy Builder was field-tested in Lesotho and used to create an HIV/AIDS Workplace Policy for the Chinese Garment Factory.
5.1.1 # of tools created or adapted to address FP/RH, MH, or HIV/AIDS	• Project records, country reports, manuals, software • Copy of software and or documentation	This indicator corresponds to a lower-level result of IR5 and will not be reported to USAID.
5.2 # of instances that data/information produced with support from the project are used for policy dialogue, planning, resource allocation, and/or advocacy, or in national/subnational policies or plans	• Key informant interviews, documents with citations highlighted, policies/plans • Citation in a policy or plan • Project records, case studies, mission memos	This indicator tracks instances in which data/information produced with support from the project is picked up by other individuals or institutions not connected to the production of the information and used for policy dialogue, planning, resource allocation, and/or advocacy. Information can be specific data on an issue (e.g., HIV/AIDS prevalence or incidence data, market segmentation data, etc.), analyses, study findings, information arising from use of tools, etc. Achievement of this indicator occurs when a policymaker (such as a minister of health) or a representative from an NGO, on his or her own initiative, uses project-produced information for policy dialogue, planning, and/or advocacy. Evidence of achievement for this indicator <u>does not</u> include dissemination (printing and distributing reports), press releases or news articles, or speeches/remarks given by high-level officials when project staff provided the text and/or invited them to participate in the event. There is a fine line between this result and the <u>activity</u> of policy dialogue, planning, or advocacy. If the project intervention includes both the production of information and materials for dialogue, planning, or advocacy activities themselves, then the use of information <u>does not</u> qualify as a result. However, if project counterparts conduct dialogue, planning, or advocacy—subsequent to the project training or assistance—and apply project-supported information to

Indicators	Type and Source of Data	Discussion and Comments
		their work, then the use of information <u>does</u> qualify as a result.
		Note that documentation for this result is often difficult especially when there is no published report to show how or what information was used (e.g., information used in policy dialogue).
		Use of information for **policy dialogue** goes beyond awareness raising and dissemination of materials. The dialogue should involve policymakers who use information of their own accord to achieve some specific outcome and preferably over some period of time (more than one time or in a single event). Documentation would need to include the specific information used, its source, a description of the policy dialogue event(s), and outcome (or intended outcome). Use of information for **planning** refers to use of data or information (results from a model, for example) as an integral part of the planning process or as the basis for a planning decision. Use of information in **advocacy** must show how the information was included in key messages that form part of a planned advocacy campaign or event.
		Actual policy or plan documents containing information produced with project support would also count as instances of information used. As evidence, the activity manager reporting the result would provide the relevant pages of the document and highlight the places where the information was cited.
		Illustrative examples:
		Use of information for policy dialogue: The Minister of Health and Population in Egypt used information generated and disseminated by the project to respond to queries about the impact and cost-effectiveness of the national population and planning program.
		Use of information for planning: Ukrainian counterparts trained by the project used SPECTRUM results to reorganize and improve Ob/Gyn service delivery and in roundtables with NGOs to address the steps needed for prevention of sexually transmitted infections (STIs) and unintended pregnancies.

Indicators	Type and Source of Data	Discussion and Comments
		Use of information for advocacy: Members of the U.S. House of Representatives used results from a project study on unmet need in a letter sent to Secretary of State Colin Powell in October 2002, asking him to reconsider the decision to stop USAID from supplying free contraceptives to the Philippines by 2004. Representatives wrote that the agency should not stop providing contraceptives when "[i]t is widely documented that proper and consistent use of condoms is the most effective way to safeguard against sexually transmitted diseases." The letter cited work on unmet need conducted by the project that showed that the Philippines has a greater unmet need for contraceptives than India, Nigeria, and Bangladesh. The representatives conclude that "[c]urbing the supply of both contraceptives as well as information on family planning could exacerbate" poverty and the population growth rate in the Philippines. *Use of information in policy and plans*: The development of Cambodia's National Strategic Plan (NSP) for HIV/AIDS 2006–2010 used several reports and tools prepared by the project, including data from the Goals Model, the legislative audit, a study on the social and economic impact of HIV/AIDS on families with adolescents and children, a situational report on HIV/AIDS and Human Rights, and the costing analysis of the NSP 2000–2005 prepared in 2001.
5.3 # of instances in which in-country counterparts or organizations apply tools or methodologies on their own or conduct training in the use of the tool or methodology Could link to PEPFAR 11.1: # of local organizations provided with TA for strategic information activities PEPFAR 11.2: # of individuals trained	• Project records, emails, downloads, workshop agenda, curricula	This indicator demonstrates the improved capacity of local counterparts or other organizations to apply tools or training skills on their own. Tools can be used by counterparts in planning, policy dialogue/formulation, and advocacy. However, it's important to note the distinction between using the data generated from a tool (Goals, SPECTRUM, etc.), which is evidence of achievement of the indicator for 5.2, as opposed to using or manipulating the tool itself, which is evidence of achievement of a result corresponding to indicator 5.3. Project countries are encouraged to keep in touch with all the counterparts and other organizations they train in order to know when they use their new skills to train others.

Indicators	Type and Source of Data	Discussion and Comments
in strategic information (includes M&E, surveillance, and /or HMIS) PEPFAR 12.2: # of organizations provided with TA for HIV-related institutional capacity building PEPFAR 12.4: # of individuals trained in HIV-related institutional capacity building		Narratives should include the name of the counterpart or organization, the tool applied, and how and when it was applied. If the tool was used in an independent training exercise, specify the training date, venue, trainers, and participants. *Illustrative example:* A participant of the "Policy Analysis and Presentation Skills Training of Trainers (TOT) Workshop," implemented by the project in 2002 successfully conducted a local training workshop in the use of SPECTRUM. Seven staff members of the Information Center, the Health & Population Directorate for Port-Said Governorate attended the workshop in March 2003.
5.3.1 # of people trained in the use of the tool or methodology May link to PEPFAR 11.2: # of individuals trained in strategic information (includes M&E, surveillance, and /or HMIS)	• Project records, emails, downloads, workshop agenda	This indicator corresponds to a lower-level result of IR5.3. Lower-level results will not be reported to USAID/W. However, for country programs working in this area, tracking the number of people trained will be useful for reporting results under indicator 5.3.

PEPFAR Program-Level Indicators <u>Most</u> Relevant to HPI IQC

The PEPFAR indicator numbers in this document refer to those in "The President's Emergency Plan for AIDS Relief: Indicators, Reporting Requirements, and Guidelines for Focus Countries. Revised for FY2006 Reporting, July 29, 2005." It is possible that HPI will report to additional indicators depending on the PEPFAR funding received or the requirements laid out in the Country Operational Plan.

Strategic information
11.1 Number of local organizations provided with technical assistance for strategic information activities
11.2 Number of individuals trained in strategic information (includes M&E, surveillance, and /or HMIS)

Other/policy development and system strengthening
12.1 Number of local organizations provided with technical assistance for HIV-related policy development
12.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building
12.3 Number of individuals trained in HIV-related policy development
12.4 Number of individuals trained in HIV-related institutional capacity building
12.5 Number of individuals trained in HIV-related stigma and discrimination reduction
12.6 Number of individuals trained in HIV-related community mobilization for prevention, care, and/or treatment

For non-focus countries, see "Minimum Reporting Requirements for Designated Countries with $1-10 Million in Bilateral HIV/AIDS Assistance, Guidance for FY2006 Reporting, September 2005. The same indicators are included in both documents, but they have different numbers and fall under different categories.

Strategic information
2.1 Number of local organizations provided with technical assistance for strategic information activities

Other/policy development and system strengthening
3.1 Number of local organizations provided with technical assistance for HIV-related policy development
3.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building

Training
4.9 Number of individuals trained in strategic information (includes M&E, surveillance, and /or HMIS)
4.10 Number of individuals trained in HIV-related policy development
4.11 Number of individuals trained in HIV-related institutional capacity building
4.12 Number of individuals trained in HIV-related stigma and discrimination reduction
4.13 Number of individuals trained in HIV-related community mobilization for prevention, care, and/or treatment